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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/663,212	09/15/2003	Jack A. Dant	6683.70USU1

23552  
 MERCHANT & GOULD PC  
 P.O. BOX 2903  
 MINNEAPOLIS, MN 55402-0903

CONFIRMATION NO. 2345

\*OC000000016078993\*

\*OC000000016078993\*

Date Mailed: 05/20/2005

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/12/2005.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

FRANCIS Y FIELDS  
 3700 (571) 272-4347

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/663,212	09/15/2003	Jack A. Dant	6683.70USU1

43541  
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CONFIRMATION NO. 2345

\*OC000000016079010\*

\*OC000000016079010\*

Date Mailed: 05/20/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/12/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

FRANCIS Y FIELDS  
 3700 (571) 272-4347

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**MAR 03 2005**

FROM: JAEGER & BENSON

THU 3 3 05 12:23/ST. 12:17/NO. 4862059210 P 2

PTO/SB/51 (FEB 02/03)

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/663,212	
	Filing Date	September 15, 2003	
	First Named Inventor	Jack A. Dant	
	Title	APPARATUS AND METHOD FOR SPINAL DISTRACTION USING A FLIP-UP PORTAL	
	Art Unit	3731	
	Examiner Name		
		Attorney Docket Number	75028-309286

**I hereby revoke all previous powers of attorney given in the above-identified application.**

**I hereby appoint:**

☒ Practitioners associated with the Customer Number: 43541

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Please recognize or change the correspondence address for the above-identified application to:**

☒ The address associated with the above-mentioned Customer Number

**OR**

☐ The address associated with Customer Number:  

**OR**


<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	28 Feb 05
Name	Terry D. Schlotterback		
Title and Company	President, Zimmer Spine, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.*

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